Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)			
Human Rights Campaign Equality Votes	FEC IDENTIFICATION NUMBER ▼		
3 1 3 1 3	C C00508440		
Check if X 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y B Y B Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
Human Rights Campaign	M M / D D / Y Y Y Y Y		
[MEMO ITEM]  Mailing Address 1640 Rhode Island Ave NW	10 24 2016		
1640 Rhode Island Ave NW	Amount		
City State Zip Code	500.00		
Washington DC 20036	Transaction ID: D637394 Date of Disbursement or Obligation		
Purpose of Expenditure  Category/	M M / D D / Y Y Y Y		
Phones - staff time Type	10 24 2016		
Name of Federal Candidate	0 11 00		
Macto Cathorina Cortoz	e Sought: House District: 00		
Masto, Catherine Cortez, , ,	President Senate State: NV Senate		
Odicilidai ical io batc	ursement For: Primary 🗶 General		
Per Election for Office Sought 1932.50 2016	Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
Human Rights Campaign	M M / D D / Y Y Y Y		
[MEMO ITEM]	10 24 2016		
Mailing Address 1640 Rhode Island Ave NW	Amount		
City State Zip Code	514.40		
Washington DC 20036	Transaction ID : D637395		
Purpose of Expenditure	Date of Disbursement or Obligation		
Phones - staff time Category/ Type	10 24 2016		
Name of Fodom Constitute			
	e Sought: House District: 00		
Hassan, Margaret, Wood, ,	President Senate State: NH Senate		
Calendar Year-To-Date Disb	ursement For: Primary 🗶 General		
Per Election for Office Sought 1934.18 2016	Other (specify)		
(a) OUDTOTAL of Booking displaying deat Foreign displaying			
(a) SUBTOTAL of Itemized Independent Expenditures	0		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
party committee) any political party committee or its agent.			
Rinefierd, James, , Mr.,  [Electronically Filed] Date	10 24 2016		
Signature	2010		

Sch	edule E)		PAGE 2 OF 6	
NAV	E OF COMMITTEE (In Full)		FOR SE OF FORM 24/48	
	man Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼	
			C C00508440	
Chec	ck if <b>X</b> 24-hour report 48-hour report <b>X</b> New report	ort Amends repo	ort filed on	
	Full Name of Payee		Date of Public Distribution/Dissemination	
_	Human Rights Campaign x		10 24 2016	
Ν	Mailing Address 1640 Rhode Island Ave NW		Amount	
	Nit. Chata	Zin Cada	257.20	
	City State Washington DC	Zip Code 20036	257.20 Transaction ID : D637396	
	Purpose of Expenditure	I	Date of Disbursement or Obligation	
	Phones - staff time	Category/ Type	10 24 2016	
Ν	Name of Federal Candidate	<b>x</b> Support	Office Sought:	
	Murphy, Patrick, , ,	Oppose	President Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought	984.70	Disbursement For: Primary General 2016	
L	Tel Election for Office Sought	30 111 0	Other (specify)	
	Full Name of Payee		Date of Public Distribution/Dissemination	
	Human Rights Campaign x		10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
N	Mailing Address 1640 Rhode Island Ave NW		Amount	
	City State	Zin Codo	514.40	
	City State Washington DC	Zip Code 20036	Transaction ID : D637397  Date of Disbursement or Obligation	
	Purpose of Expenditure	Category/	Man / Dab / Yayayay	
	Phones - staff time	Type	10 24 2016	
	Name of Federal Candidate	<b>x</b> Support	Office Sought: House District: 00	
	McGinty, Kathleen, Alana, ,	Oppose	President Senate State: PA	
	Calendar Year-To-Date Per Election for Office Sought	1934.18	Disbursement For: Primary General 2016	
	Tel Election for Office Sought	.000	Other (specify) ▶	
(a	) SUBTOTAL of Itemized Independent Expenditures		0.00	
(b	) SUBTOTAL of Unitemized Independent Expenditures		•	
(c	) TOTAL Independent Expenditures			
•	,		7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Rinefierd, James, , Mr.,	ically Filed] Date	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature	Date	2010	

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IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Human Rights Campaign Equality Votes	C C00508440		
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y		
	ate of Public Distribution/Dissemination		
Human Rights Campaign x	10 24 2016		
Mailing Address 1640 Rhode Island Ave NW	mount		
City State Zip Code	350.00		
	ransaction ID: D637398 ate of Disbursement or Obligation		
Purpose of Expenditure Phones - equipment  Category/ Type	10 / 24 / 2016		
Name of Federal Candidate  Support  Office Sc	ought: House District: 00		
Masta Cathorina Cortoz	esident Senate State: NV		
Calcificati to Bate	ment For: Primary X General		
Per Election for Office Sought 1932.50 2016	Other (specify) ▶		
Full Name of Payee Human Rights Campaign	ate of Public Distribution/Dissemination		
X Mallian Address	10 24 2016		
Mailing Address 1640 Rhode Island Ave NW	mount		
City State Zip Code	350.00		
	ansaction ID : D637399 ate of Disbursement or Obligation		
Purpose of Expenditure Phones - equipment  Category/ Type	10 24 2016		
Name of Federal Candidate Support Office So	ought: House District: 00		
Harris Mannet Word	esident State: NH		
Calcification to Bate	ment For: Primary X General		
Per Election for Office Sought 1934.18	Other (specify) •		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Rinefierd, James, , Mr.,  [Electronically Filed] Date 10	/ D		
Signature			

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oblicatio E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Human Rights Campaign Equality Votes	C C00508440			
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
	ate of Public Distribution/Dissemination			
Human Rights Campaign	10 24 2016			
Mailing Address 1640 Rhode Island Ave NW	mount			
City State Zip Code	350.00			
Washington DC 20036 Tr	Transaction ID : D637400  Date of Disbursement or Obligation			
Purpose of Expenditure Phones - equipment  Category/ Type	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office Sc	ought: 🗶 House District:18			
Murphy, Patrick, , ,	esident Senate State: FL			
Calcidat Ical Io Batc	ement For: Primary General			
Per Election for Office Sought 984.70 2016	Other (specify) ▶			
Human Rights Campaign	Date of Public Distribution/Dissemination			
Mailing Address 1640 Rhode Island Ave NW	10 24 2016 amount			
City State Zip Code	350.00			
	ansaction ID : D637401 Date of Disbursement or Obligation			
Purpose of Expenditure Phones - equipment  Category/ Type	10 / 24 / 2016			
Name of Federal Candidate Support Office So	ought: House District: 00			
McGinty, Kathleen, Alana, , Oppose Pro	resident Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ement For: Primary <b>X</b> General  Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Rinefierd, James, , Mr.,  [Electronically Filed] Date 10	24 2016			
Signature				

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<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
Human Rights Campaign Equality Votes		C00508440
Check if 24-hour report 48-hour report New	report Amends report filed on	/ D D / Y Y Y Y Y
Full Name of Payee Impact Dialing		Public Distribution/Dissemination
	M 10	
Mailing Address 400 SW 6th Ave Suite 800	Amount	
City State	Zip Code	40.00
Portland OR		ion ID : D637410 Disbursement or Obligation
Purpose of Expenditure Telephone calls	Category/ Type	M / D D / Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Masto, Catherine Cortez, , ,	Oppose President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	Disbursement For 2016 Othe	or: Primary <b>X</b> General r (specify) ▶
Full Name of Payee Impact Dialing  Mailing Address 400 SW 6th Ave Suite 800		Public Distribution/Dissemination
City State	Zip Code	40.00
Portland OR	97204 Transaction	on ID : D637411
Purpose of Expenditure Telephone calls	Category/ Type 10	
Name of Federal Candidate	🗶 Support Office Sought:	House District: 00
Hassan, Margaret, Wood, ,	Oppose President	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For 2016 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		80.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7
(c) TOTAL Independent Expenditures	······································	7 1 7 1 7
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
Rinefierd, James, , Mr.,  [Electric Signature]	tronically Filed] Date 10	24 2016
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	Siledule Ly		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Н	luman Rights Campaign Equality Votes		C C00508440
Ch	neck if X 24-hour report 48-hour report New report Amer	nds report filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee	D	ate of Public Distribution/Dissemination
	Impact Dialing		10 24 2016
	Mailing Address 400 SW 6th Ave Suite 800	A	mount
	City State Zip Code		40.00
	Portland OR 97204		ransaction ID : D637412 ate of Disbursement or Obligation
	Purpose of Expenditure Telephone calls  Category/ Type		10 / 24 / Y 2016
	Name of Federal Candidate	pport Office So	ought: X House District: 18
	Murphy Potrick		esident Senate State: FL
	Calendar Year-To-Date	Disburse	ment For: Primary General
	Per Election for Office Sought 984.70	2016	Other (specify) ▶
	Full Name of Payee Impact Dialing	D	ate of Public Distribution/Dissemination
	Mailing Address 400 SW 6th Ave Suite 800		10 24 2016 mount
	City State Zip Code	r	40.00
	Portland OR 97204		ansaction ID : D637413
	Purpose of Expenditure Telephone calls  Category/ Type		late of Disbursement or Obligation
	Name of Federal Candidate	ipport Office S	ought: House District: 00
	MaCinty Kathlana Alana		esident State: PA
	Calendar Year-To-Date Per Election for Office Sought 1934.18	Disburse 2016	ement For: Primary <b>X</b> General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		80.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	······	
	(c) TOTAL Independent Expenditures	······	1174.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Rinefierd, James, , Mr.,  [Electronically Filed]	Date 10	24 2016
	Signature		

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